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AUTHOR Miller, Dorothy L.; Garcia, Anthony
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ABSTRACT

Non American Indians categorize many urban Indians by their behavioral and emotional modes of adaptation to their social situations. Three images of Indians have developed: the savage, the child, and the noble of the forest (the stoic Indian). The images of the savage and the child come into play when the Indian encounters the dominant society since he does not share the values of the dominant society, i.e., individualism, competition, materialism, and goal orientation. Indian people are a "tribal people, living closely, without much individual privacy, within large extended families. All Indian adults assume some aspect of the parental role with all children. They have developed a sensitivity which enables them to feel empathy for another person. This leads to close psychological ties between group members. However, when Indians are moved into an urban area, they are confronted with situations that make such qualities of sharing and caring dangerous. The tribal supports are gone. He is separated from his peers, family ties, and psychic upport. All emotional support must become individualized. Yet, Indian people are generally psychologically sturdy and have a low rate of psychosis of any kind. (NQ)

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MENTAL HEALTH ISSUES AMONG URBAN INDIANS:

THE MYTH OF THE SAVAGE-CHILD

Dorothy L. Miller, D.S.W.

Anthony Garcia, M.A.

Scientific Analysis Corporation
Institute Field Office
1940-B Bonita Street
Berkeley, CA 94704

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The majority of American Indians today reside in the great urban centers of America, and these are among the youngest and the best educated Indians in this land. The relocation of American Indians from the consentration camps, called reservations, to the city was a deliberate program of the Bureau of Indian Affairs. Since the 50's to the present time this policy was destined to move the "brightest and the best" of young American Indians into the "mainstream of American life," i.e., in industrialized urban areas where they could be trained as factory and service workers.

American Indians are unique in many ways -- we are "natives" left over in our own land, ruled and governed by our conquerors. One of the reasons we differ from all other "minority groups" is that we in fact, live under different laws, with different legal status able to be told where to live, how to live, and controlled by a special federal agency. We are without recourse to self-determination or political representation. We do not elect those who rule us, we do not vote for our own administrative laws. Instead, we are largely governed by administrative rules based upon treaties coerced from our grandparents at times of defeat in battle. These treaties stand between Indian people and the Constitutional guarantees available to all other United States citizens. For example, while all American schools are to be desegregated, all BIA Boarding Schools are specifically excluded from that Supreme Court edict. The special legal status of American Indians is often misunderstood or overlooked by other American citizens.

This work has stemmed from a research project, "American Indian Socialization to Urban Life," Scientific Analysis Corporation, Grant No. MH 22719-01, Sponsored by the Minority Committee, NIMH. Other members of the Indian Research Team were: Walter Carlin, Beulah Cleveland, Peggy Sierras and Christine Maybee.

Who is an Indian? Actually there is no such category; rather there are over 200 separate and distinct tribes, each with its own language, culture, tradition and life style. The BIA educational program and relocation policies have cut across all types of Indian groups, uprooted young Indian people from many tribes and contributed to the growing pan-Indianism in large cities. Tribal identities are blurred by boarding schools and urban relocation and Indians in the cities are forming new social groupings, and developing new life styles which attempt to coalign two very different value systems. The life of urban Indian people is full of stress and tragedy--yet it is a life of adventure and struggle which requires bravery and strength derived from the deepest roots of Indian life.

Before the mental health issues of the urban Indian can be understood it is necessary to describe the inherent uniqueness of Indian life, since no other group in America actually compares to proud and defeated Indian peoples. All tribes were confronted with the confiscation of their land by peoples from Europe. For over 400 years the conquest by sword and cross, by guile and seduction, by robbery and bribery, by legal and illegal methods and continues at this very moment. That conquest is our common bond; all Indian peoples share that common problem, i.e., of being a defeated people. How can we best explain these unique life struggles as they relate to mental health.

Robert Merton[1] the noted social theorist has outlined five modes of individual adaptations to social situations. He posits five types of adaptation based upon an individual's acceptance or rejection of both a cultures' goals and the institutionalized means available to attain these goals. Briefly, Merton's five modes are: (1) Conformity, where both the goals and the means of the larger society are accepted--these are the "assimilated Indians" who became "White men" and gave up their Indian identity and values. However, their skin color prevents total assimilation and they may react with severe anxiety neuroses or depression to such acceptance/rejections, situations. (2) Innovation, where the culture goals are accepted but the institutional means are not; these are those rare Indian artists and intellectuals who seek status from the larger society, but who attempt to retain Indian identities and values (thus creating an interesting type of cultural schizophrenia and marginality in both worlds). (3) Ritualism, that is when the goals of the larger society are rejected, but the means are acted upon. This ritualism occurs when Indians are employed in factories or farms; but reject the White society's values, religion and logic in order to cling to traditional Indian values. (4) Rebellion, is a situation where neither the cultural goals or the institutionalized means of the dominant society are acceptable and the Indian fights back in active rebellion against the White

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[1] Merton, Robert, Theory and Social Structure, Free Press, Clencoe, Ill. 1957, pages 140-157. Merton's typology differs from those offered by Freud (2) and Horney (3) in that he considers the impact of social systems while Freud and Horney's perspective focuses upon types of individual responses quite apart from the place of the individual within the social structure.

(2) Freud, Sigmund, Civilization and Its Discontents, p. 3055.

(3) Horney, Karen, Neurotic Personality of Our Times, New York, 1937.

society, seeking to change the situation rather than to accommodate efforts within the White society. The Alcatraz and Wounded Knee warriors typify the Indians who are rebelling against the full power of White society. They are angry, defeated, paranoid and embattled, and their ranks are growing with disaffected young Indians who have experienced the indignity and disillusionment of urban life. (5) Retreatism is the primary mode of adaptation for most Indians, that is, where individuals accept neither the White society's goals nor its institutionalized means of attaining such goals. These individuals who retain primary contact in the White world may retreat into extreme passivity, psychotic depression, drugs and alcoholism, or suicide. Those Indian people who turn their back on White life, "return to the blanket," living as best as possible, the traditional life on their reservation. Reservation life is little understood in the White world and for many Indian peoples it is "home"--a sanctuary--a refuge from the larger society where Indian life can exist as in a moratorium--in a "holding pattern."

While social scientists may be able to see our adjustments as a product of social structure, most Indian people cannot but suffer the anger, shame, blame and failure as individuals. On reservations it is possible still for Indians to maintain that common and inner strength, to exist in some state of harmony in spite of the poverty and their colonized situation.

The myth or stereotypes of the savage and the child comes into play when the Indian encounters the dominant society, actually the White man, when he finds himself on relocation or in the service. The Indian

is separated from his peers, family ties and psychic support, and does not share the values of the dominant society, e.g., individualism, competition, materialism, and goal orientation. He is not certain of his role in society, and he has no knowledge of what society expects of him. Three images of Indians have developed: 1) the savage, 2) the child, 3) the noble of the forest (the stoic Indian), and underlying all these is the stigma of the consistent "Loser." Many Indians opt for the "noble of the forest" or the stoic Indian image. They must refrain from emotionality, which is impossible for anybody, so the alternative is the somewhat savage state, getting drunk; drunken Indian is the White man's view which is interchangeable with the savage stereotype. Indians may use drunkenness as an outlet. The Indian has to sober up eventually and when he does he is guilt ridden and very submissive which brings up the child stereotype which evolves into the "noble" which evolves into the "savage" which evolves into the "child like" state. This schizoid type personality naturally evolves into the "Loser."

This whole process is schizoid and it poses quite a problem for the Indians. There are differences in each of the categories depending on his ability to accept each of these roles, and adjust to it in favor of the other two. But generally these are the basic roles allowed to Indians, of course any violence involved with the savage role is allowed expression only toward one's peers by those who do the role defining, the non-Indian society.

If we accept the Merton typology, the mental health issues of urban Indians can be placed in a social perspective, and we can categorize many urban Indians by their behavioral and emotional modes of adaptation to their social situations. It is not surprising then that paranoia, alcoholism, dependency and suicide are the major mental health problems of urban Indians, for most Indians can be classified as utilizing either retreatism or rebellion as their basic modes of adapting to the pressure brought about by their defeated status in White society.

Having described some of the potential modes of adaptation to stress by urban Indians, we now look at the psychological resources which Indians bring to the city. For it is only by evaluating both social situations and individual strengths that we can hope to understand the mental health problems of urban Indian people. What types of psychological strengths arise from values and life styles? Freud has posited that psychological strengths develop in early childhood. This view leads us to examine the Indian family in its many forms. In order to do this, we must risk over-generalizing since there is great diversity in family structure among different Indian types, but there are some common values which seem to hold across most tribal groupings. For example, most Indians value their children in a special way in that they consider them to be "persons" from the time of their birth; distinct individuals with their own unique characteristics, their own "personality." We do not believe in individual "personality change"--we say, he is "that kind of person," or he is "this kind of person." For example, among some Plains Indian families, (Sioux and Blackfeet), a baby is not given a name for the first year of life, merely being called "little one" or "baby." During that

first year, his relatives all observe him with great sensitivity and intensity. At the end of that time, a feast is held and a name is given which exemplifies the baby's "personality."

Further, an Indian child is not viewed by his parents and others as a distinct person, he is a separate person. That is, he is not seen as either an extension or a possession of his parents. They bear neither blame nor shame for his behavior--he is his own self. Therefore, Indian parents are free from the driving compulsion to constantly correct and shape their children in their own image. The entire socialization process is much freer and easier on both parent and child.

All Indian people feel at home in the natural world. Indian children learn best from observations and group activities, in the company of all, in the presence and the tempo of the swing of the seasons or the rising and setting of the sun. Indian children are permitted to be independent, to make themselves at home and to grow familiar with their environment without constant visable supervision and direction from their parents. Indeed parenting itself is a natural activity for all tribal members. Since ownership of a child is not a central problem all Indian adults have an interest and a vital concern with all children in the group. It is not merely that tribal life provides an extended family rather than a nuclear family, but that all Indian adults assume some aspect of the parental role with all children. An Indian child, on the reservation, may range wide, spending time in relatives or friends' homes, eating or sleeping with them, blending into whatever group that is formed. This caretaking aspect of Indian life is a constant theme in Indian tribal life and is an important aspect of not only childrearing, but the governance, and

the economic structure as well. A good Indian is one who takes care of other persons who are in need. No one is turned away if there is food for any; no one is left out when goods are divided up, or when a car is making a trip, or when there is a deer to dress or a dance to attend. Not only do Indians share, but they take care as well. In fact, a leader is someone who takes care of the old, the sick, the poor or the lonely. A Chief is not a ruler, as thought by Whites, but rather is a caretaker, one who gives of his strength, his wisdom, his time and his wealth. We are individual persons as continuous beings, as stable entities, and we do not expect them to become something or someone else. Thus, we are freed from anxious expectations and anticipations about another person's behavior. We don't have to try to influence or change him; we accept him. There is no need to be anxious about where we stand vis-a-vis another Indian person, we are what we are, and we are accepted as that. Further, we do not value competition for competitions sake, and thus, much of the tension so common in White personalities does not create a problem for Indians. We do not feel we should stand out, be better than, do better than, other Indians. Rather, we are comfortable with cooperating with other Indians, seeking agreements and consensus, resolving conflicting issues. We avoid confrontations; if we do not or cannot agree, we quietly go away. This strategy frees us from much anger or tension, but may make us appear, in the eyes of our White teachers or bosses, as "apathetic" or "stupid."

Because Indian people are a tribal people, living closely, without much individual privacy, within large extended families, we have developed considerable sensitivity to the psychological and emotional states of

other persons. This sensitivity enables an Indian to feel empathy for another person, leading to close psychological ties between group members. Thus, it is not necessary to talk at length with another person in order to set up a reciprocity, in order to develop a commonly-shared definition of the situation. This deep sensitivity causes urban Indians much pain and discomfort, since so much of the White world seems so harsh, grasping, crude and cruel. It is often better to withdraw, to seek some quiet place within oneself where such behavior cannot touch the self. Drugs or alcohol fill this deeply-felt need.

Such valued qualities of Indian life can be maintained to some degree within tribal life. However, when Indians are moved into the urban area they are immediately confronted with situations that make such qualities of sharing and caring dangerous. The tribal supports are gone--a biological parent is held fully "responsible" for the conduct and well-being of his child. All emotional support must become individualized. In the city, if a child wanders, it may be viewed as parental neglect; if a child does not go to school on a fair spring day, he is truant; if a child is hungry, he must be taught to ask; if a child is left alone while the parent is away, the authorities are called. If the parent shares her welfare check with relatives, her case may be cancelled; if friends move into the city apartment, the rent will be raised or the family evicted. If an Indian man takes a week off from work or job training to take his uncle to a medicine man "back home," he is fired or terminated.

Thus, the "good Indian" behavior so firmly rooted in tribal ways is viewed as "bad Indian" behavior in the urban life. Such confusion produces great tension and psychological distress. The Indian ways of dealing

with stress is to turn for comfort to other Indian groups. In the city, such a comfort group is generally only instantly available at the Indian bar, where alcohol can help a person drift back to a time of peace, to forgetfulness. But the urban Indian family can't survive if one member of the tight "nuclear" group is opting out--all must do their share or the new Indian family is immediately in trouble. This situation causes bitter fighting, and family disorganization. In order to avoid raw clashes and failure, the tight "nuclear" family breaks apart, and the urban tragedy is intensified and those familiar categories of "alcoholism," "divorce," "welfare," "crime," and "suicide" emerge.

The White man may feel that Indians are childlike in that they are not yet fully matured, intellectually or morally; they are not able to manage their own affairs, handle large sums of money or property, succeed in higher education or employment, decide their own fate or fully control their own lives. For example, the Federal government spends approximately one billion dollars a year on Indian "programs"--a per capita average of $1800 per Indian per year--yet this money is not available to Indians. Rather, there is an industry of Indian Management which employs a large number of Whites as supervisors, teachers, researchers, administrators, moralists, controllers, caretakers, jailors, preachers, and directors of Indian peoples. This Indian industry developed from the obligations spelled out in Indian treaty rights, and, through the years, has managed to keep Indian people the most impoverished, the least well-educated, the most deprived people in this land. Indeed, the basic issue in Indian mental health is why is it that the Indian people aren't seriously mentally ill given our position in the American life? But, in fact, Indian people are generally psychologically sturdy, and have a low

rate of psychosis of any kind. They remain as giving and as loving as when these words were written on October 12, 1492 by the Great Admiral Columbus:

> "They are so ingenious and free with all they have, that no one would believe it who has not seen it; of anything that they possess, if it be asked of them, they never say "no;" on the contrary, they invite you to share it and show as much love as if their hearts went with it, and they are content with whatever trifle be given them."
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> Guanshane; October 12, 1492